## Gender, Health, and Development in the <br> Americas 2003

## Introduction

Around the world, efforts to reduce poverty and enhance development have had greater success where women and men have relatively equal opportunities. In much of Latin America, however, women's low social status, poor health, and subordination to men persist. Governments in the region increasingly acknowledge the need to promote gender equity in health and other aspects of development, but the data to monitor disparities between men and women-and progress in closing the gaps-have not been readily available.

This data sheet profiles gender differences in health and development in 48 countries in the Americas, focusing on women's reproductive health, access to key health services, and major causes of death. Its objective is to raise awareness of gender inequities in the region and to promote the use of sex-disaggregated health statistics for policies and programs. This effort is consistent with the United Nations' Millennium Development Goals, adopted by 189 member countries at the UN Millennium Summit (2000), which focus on achieving measurable improvements in people's lives, including greater gender equality.

The data sheet also provides basic population and development indicators and information on other factors that influence health, including education, employment, political participation, and risk factors. Staff of the Pan American Health Organization and the Population Reference Bureau compiled this information using data from official national sources as well as data collected by specialized international agencies.

This data sheet provides basic information for identifying sex differences in these areas, which can serve as a first step for conducting a gender analysis of health. As more data disaggregated by sex and socioeconomic status become available, future editions of this publication will fill in the gaps in gender equity and health information.

## Basic Concepts

"Gender equity in health," the principle that guided the selection of data presented here, is based on the following concepts:

- GENDER refers to the roles that women and men play in society and the relative power they wield. While the term "sex" pertains to innate biological differences between women and men, "gender" focuses on the social relations between women and men that create inequalities in health and other aspects of life.
- HEALTH is defined by the World Health Organization as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."
- EQUITY implies that need, rather than social advantage, determines how resources are allocated. Hence, not all inequalities are inequitable, only those judged unfair and avoidable and linked to different levels of social privilege.

Gender equity in health, therefore, refers to the absence of unfair and avoidable disparities between women and men in terms of health and the factors that influence it.
■ GENDER EQUITY IN HEALTH STATUS denotes equal opportunities to enjoy good health and remain free of preventable illness and disability.
■ GENDER EQUITY IN HEALTH CARE means that resources are allocated according to men's and women's particular needs; that health services are received according to those needs; and that financial contributions are made according to ability to pay. It also means that society, rather than women alone, bears the cost of childbearing.

- GENDER EQUITY IN HEALTH CARE PROVISION means that responsibilities, power, and rewards for the informal and formal care provided in homes, communities, and health institutions are divided fairly between men and women.




Births by Caesarean Section





Women in rural areas and young women (ages 15 to 19 ) are more likely to have
unmet need for family y lanning.

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Technical Notes (In order of appearance)
Life Expectancy at age 60: Life expectancy at age 60 is the additional number of years expected to be lived by a woman or man who has survived to age 60.
GNI PPP per Capita: Gross national income (GNI) per capita is the sum of value added by all residents plus any product taxes (less subsidies) plus net receipts from citizens abroad, divided by the midyear population. The figure has been con verted to international dollars using a conversion factor for purchasing power parity (PPP).

Percent of Population Living Below US\$1 per Day: The share of the population living on less than US\$1.08 a day at 1993 international prices (equivalent to US\$1 in 1985 prices, adjusted for PPP). The same reference poverty line is used to estimate poverty worldwide and is expressed in a common unit across countries.
National Poverty Line: Refers to income required to maintain the basic standard of living within a country, based on the norms of that society. The measure differs from minimum standards of living set by international standards such as population living below US\$1 per day.
Percent of Urban Households Headed by Women: Percent of urban households in which a woman is acknowledged as the head of the household by other members of the household. "Poor" and "Not Poor" are defined as living below or above the national poverty line.
Total Annual Health Expenditure per Capita (current USS): Total health expenditure is defined as the sum of public (governmental) and private health spending per person and is expressed in current US dollars.
Total Annual Health Expenditure as Percent of GDP: Refers to the sum of public and private health spending and is shown as a percent of the gross domestic product (GDP).
Public Expenditure as Percent of Total Expenditure: Public expenditure on health is the amount the government spends on health and is shown as a percent of total health expenditure.
Percent Enrolled in Secondary School: The ratio of the total number of students enrolled in secondary school to the population in the applicable age group for the country (secondary gross enrollment ratio).
Percent Enrolled in Higher Education: The ratio of the total number of students enrolled in any level of school after high school to the population in the applicable age group for the country (tertiary gross enrollment ratio).
Percent in Labor Force: The share of women and men ages 15 and over in the formal and informal labor force as a percent of the total population of the same age group (labor force participation rate).
Percent of Urban Population Employed in Enterprises of up to Five People: Refers to establishments that employ up to five employees (also known as sectors of low productivity).
Women as Percent of Ministerial Officials: Percent of ministerial offices held by women. Ministerial officials include ministers, secretaries of state, and heads of central banks and agencies in the cabinet.
Total Fertility Rate: The number of children a woman would have in her lifetime assuming current age-specific birth rates remain constant throughout her childbearing years (usually considered to be ages 15 to 49).
Percent of Births That Are Higher Than Third Order: Refers to the percent of live births to women who have already given birth to at least three children.
Percent of Women With Anemia: Anemia among women who are not pregnant is defined as a blood hemoglobin level of less than 12 grams per deciliter (g/dl). Among women who are pregnant, the level is less than $11 \mathrm{~g} / \mathrm{dl}$.
Reported Maternal Deaths per 100,000 Live Births: The registered or estimated number of women's deaths resulting from conditions related to pregnancy, delivery, and related complications per 100,000 live births (maternal mortality ratio). Data are official government figures, so the methodolo-
gy may vary by country and the data may differ from international sources.
Percent of Adolescents Who Are Current Smokers: Refers to the prevalence of tobacco use among adolescents ages 12 to 19. Current use is defined as smoking at least one cigarette or similar tobacco product in the 30 days prior to the survey. Age groups vary in some countries: Argentina- ages 16 to 18; Canada- ages 15 to 19.
Percent of Adults Who Are Obese: Obesity is defined as an excessively high amount of body fat relative to lean body mass or as a Body Mass Index (BMI) of 30.0 or higher. BMI, defined as weight in kilograms divided by height in meters squared, is used to screen and monitor populations to detect nisk of heath or nutritional disorders.
Estimated Deaths per 100,000 Population, Cerebrovascular Diseases: The ratio of the number of estimated deaths due to cerebrovascular diseases in a population to the total population, per 100,000 inhabitants (mortality rate). Cerebrovascular diseases include stroke, cerebral aneurysm, and other related conditions.
Estimated Deaths per 100,000 Population, Ischemic Heart Disease: Ischemic heart disease, also known as heart infarction.
Estimated Deaths per 100.000 Population, External Causes: External causes include homicides, suicides and accidents.

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For more information:
Pan American Health Organization
Gender and Health Unit
525 Twenty-Third St., NW
Washington, DC 20037 USA
www. paho.org/ generoysalud
www. paho.org/ genderandhealth
Population Reference Bureau
International Programs Department
1875 Connecticut Ave., NW, Suite 520
Washington, DC 20009 USA
www.prb.org
popref@ prb.org
202-483-1100
(Tilition
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Population
Reference
opulation
Reference
Bureau Bureau

